



Team Toledo Triathlon Club Membership Application: 2019

Membership Fee: Adult: \$ 35.00 Junior/Student (21 and under) \$15.00. Fee includes all club calendared social and business meetings, training activities (which include: mini-triathlons, open water swims, coached track workouts, time trials, club insurance coverage for all Board calendared activities), T-Shirt, and a newsletter keeping you abreast of all club events, and national federation news, as well as a video library for training. The fee also includes our club insurance fee per individual, and the Team Toledo website which includes other link sites for multi-sport activities.

Team Toledo Website: www.teamtoledo.com

Make checks payable to: **Team Toledo Triathlon Club** and mail to:
Team Toledo P.O. Box 382, Sylvania, OH 43560

In consideration of the acceptance of my membership, I hereby for myself, my heirs, executors, administrators and assigns, do hereby waive and release TEAM TOLEDO TRIATHLON CLUB for all claims, actions, liabilities, damages or expenses whatsoever in any manner arising or growing out of my participation as a member of Team Toledo Triathlon Club.

☐

New Member

☐

Renewal

(just Name, any changes, and sign the back)

Name: (required)			
Email: (required)			
Emergency Contact (required)	Name :	Phone:	
If this a renewal, you only need to fill-in what changed (from here down). And USAT #.			
Address:			
City,State Zip:			
Phone:			
Year of Birth: (required for MidEast scoring)	Sex:	T-Shirt Size:	

USAT Member? Yes No Plan to Join (circle one)	USAT # :	How many Triathlons are you planning to do this year?	Duathlons?
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YOU MUST SIGN AND DATE THE REVERSE SIDE OF THIS APPLICATION FOR WAIVER PURPOSES



Team Toledo Triathlon Club Waiver

I acknowledge that a triathlon or multi-sport event is an extreme test of a persons' physical and mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL TRIATHLON CLUB FUNCTIONS. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon in consideration for allowing me to become a club member in a USAT Chartered Club and are being relied upon by USAT and the club organizers and administrators in permitting me to participate in any organized club function.

In consideration for allowing me to become a club member in a USAT Chartered Club and allowing me to participate in organized club functions, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns. A) I AGREE TO ABIDE BY THE Competitive rules adopted by USA Triathlon, including the Medical Control Rules, as they may be amended from time to time, and I acknowledge that my club membership may be revoked or suspended for violation of the Competitive Rules; B) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from an organized club function, THE FOLLOWING PERSONS OR ENTITIES; USA TRIATHLON (USAT), USA TRIATHLON chartered clubs, club sponsors, volunteers, all states, cities, counties or localities in which club functions or segments of club functions are held, and the officers, directors, employees, representatives and agents of any of the above; C) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein: and D) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during an organized club function.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

☐ New Member

☐ Renewal (make changes on front, print name, and sign)

PRINTED NAME _____ DATE _____

SIGNATURE _____

(Bottom section is only if you're under 18 years of age)

***** I am under eighteen (18) years of age. My parent / legal guardian has read and completed the section below.
PARENT OR LEGAL GUARDIAN, PLEASE FILL OUT ADDITIONAL SECTION BELOW.

If the applicant is under 18 years of age, a parent or legal guardian must execute, in addition to the foregoing AWRL, the following for and on behalf of the minor.

The undersigned _____ (parent/legal guardian) the parent and

natural guardian or legal guardian of _____ (Minor's name) hereby executes the foregoing AWRL for an on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor in the execution of the forgoing AWRL or in the execution of this consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any organized club function. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: Parent/Legal Guardian must also sign AWRL above.

PARENT/LEGAL GUARDIAN SIGNATURE _____

RELATIONSHIP TO MINOR _____ DATE _____